STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/15)

Fiscal Year	Business Unit	Department	Priority No.
2016-17	4265	California Department of Public Health	

Budget Request Name	Program	Subprogram
4265-003-BCP-DP-2016-GB	**4045010 – CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION**	

Budget Request Description
Protecting Children from the Damaging Effects of Lead Exposure

Budget Request Summary

The California Department of Public Heath (CDPH), Division of Environmental and Occupational Disease Control, Childhood Lead Poisoning Prevention Branch (CLPPB) requests an increase in expenditure authority by $8.2 million annually ($1.4 million in State Operations and $6.8 million in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and to establish 7.0 positions to extend services to children who have been exposed to lead as now defined by a lower blood lead level by the Centers for Disease Control and Prevention.

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	Department CIO Limited IT updates, discussed with IT June 30, 2015	Date 1/6/16

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

☐ FSR ☐ SPR Project No. S1BA Date: January 2016

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Doug Ow	1.7.16		1/7/16
Department Director	**Date**	**Agency Secretary**	**Date**
	1-7-16		1/7/16

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☒ Workload Budget per Government Code 13308.05

PPBA	Date submitted to the Legislature
Barbara J. Jay	1/8/2016

A. Budget Request Summary

The California Department of Public Heath (CDPH), Division of Environmental and Occupational Disease Control, Childhood Lead Poisoning Prevention Branch (CLPPB) requests an increase in expenditure authority by $8.2 million annually ($1.4 million in State Operations and $6.8 million in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and to establish 7.0 positions to extend services to children who have been exposed to lead as now defined by a lower blood lead level by the Centers for Disease Control and Prevention.

B. Background/History

In adults, a low level of lead exposure isn't always considered dangerous. However, in babies and young children whose brains are still developing, even a small amount of lead can cause learning disabilities, behavioral problems, and anemia. At higher levels, lead exposure can cause seizures, coma, and even death. California established a Childhood Lead Poisoning Prevention (CLPP) Program by legislation. Health and Safety (H&S) Code §105275 et seq. gives the state-level program in the CLPPB broad authority and requires that it perform multiple functions. These include preventing childhood lead exposure, setting standards for testing children for blood lead, monitoring laboratory reported blood lead test results, educating and counselling families about lead, providing public health nursing and environmental home inspections and follow-up services to children identified with the highest blood lead levels, and identifying sources of lead exposure and seeing that they are corrected. Other mandates include H&S Code §124130, which requires laboratory reporting to CLPPB of all blood lead tests and H&S Code §124165, which instructs the Program to take measures to reduce childhood lead exposure. The CLPP Program has been successful in reducing the number of children exposed to high levels of lead, however direct case services could be expanded to a larger child population with lower lead exposure levels.

Children considered at increased risk for lead exposure are primarily young, in a publicly funded program for low-income children, or living in deteriorated or recently renovated older housing (which may be associated with lead-based paint and lead-contaminated dust and soil). These children are targeted by program activities (described immediately below) and are required to be blood lead tested (California Code of Regulations, Title 17, Division 1, Chapter 9, §37000 et seq.). In order to reach this population and have them tested, outreach and educational materials are produced in multiple languages. Additionally, all families of young children receive guidance about preventing lead exposure during routine health care visits. Children of any background and age may be blood lead tested, if circumstances have put them at risk for lead exposure, and children identified with high blood lead levels are eligible for services regardless of documentation status or income.

Direct services to children are provided by 43 local CLPP programs in 40 counties and 3 cities which contract with the CLPPB for funding (The contracted CLPP programs are in the cities of Berkeley, Long Beach, and Pasadena and most of the counties in California, with the exception of the 18 counties noted in the footnote[1]). Funding is provided to these local programs by CLPPB contract criteria based on their: population of high-risk, young, low-income children; number of children with evidence of increased lead exposure on blood testing; and the proportion of children living in older housing (often associated with lead exposure).

The state CLPPB is responsible for public health nurse and environmental investigations and services in 18 non-contracted jurisdictions which may collaborate with CLPPB on some individual CLPP activities but do not choose to formally contract (see listing of these non-contracted counties in footnote[1], page 1). Additionally, CLPPB provides environmental services in 14 contracted counties who do not currently have available environmental professionals but do have public health nurses (for more description, see the justification section). CLPPB also: 1) provides information on laboratory reported

1) The State is responsible for services in Alpine, Amador, Calaveras, Del Norte, Inyo, Kings, Mariposa, Mendocino, Merced, Mono, Napa, San Benito, Santa Barbara, Sierra, Tehama, Trinity, Yolo, and Yuba and also provides environmental services in 14 of the contracted local programs

lead tests to the local CLPP programs; 2) provides statewide surveillance, data analysis, oversight, outreach, and 3) technical assistance; and assists all counties with services not available locally. Please see Table 2: Workload History, which provides current relevant workload.

According to the California Health and Safety Code 124130, all blood lead tests are required to be reported to the CLPPB. Approximately 700,000 tests are reported each year by over 300 laboratories and processed by CLPPB to assure receipt of accurate and complete information, including identification and location of children who have increased blood lead levels needing services. Test results are stored in the CLPPB web-based data system and are viewable by local health jurisdictions. In 2012, approximately 650,000 individual children up to age 21 were blood lead tested in California (some children are tested more than once); about 600,000 were under age six.

Children with the highest blood lead levels ($\geq$ 20 micrograms per deciliter (mcg/dL) or persistent values of $\geq$15 mcg/dL) are currently deemed "cases" of lead poisoning requiring follow-up case management. Approximately 200 new children are identified as cases of lead poisoning each year.

Alerts are sent by the CLPPB data system to initiate interventions by public health nurses and environmental professionals to reduce lead exposure in these children. The nurses and environmental professionals make home visits to educate the family about reducing lead exposure and to carry out inspections to detect sources of lead. The children receive special health care referrals as needed and ongoing collaboration occurs with their health care providers. They receive follow-up treatment for two to three years to ensure that blood lead levels decline and remain low.

The CLPP Program has been successful in reducing the number of children exposed to high levels of lead. The annual number of children identified as cases of lead poisoning has decreased fivefold since the program began in the early 1990s and the percent of tested children identified with increased blood lead levels $\geq$ 10 mcg/dL has decreased more than twofold since complete laboratory reports of these blood lead levels became available in 2007. This proposal will not only serve those exposed with high lead levels but also expand case services to children with lower lead exposure levels.

The Centers for Disease Control and Prevention recommends that an even lower blood lead level ($\geq$5 mcg/dL) be used to define need for services for, and follow-up of, lead-exposed children. Most lead-exposed children with blood lead levels not high enough to be "cases," do not currently receive extensive services. They may receive some educational or home inspection services to decrease lead exposure, as resources allow. Approximately 12,500 children in 2012 were identified with blood lead levels that would not currently qualify them as lead poisoning cases, but are levels that are now known to be harmful. Numbers vary by year but only 4,200 to 6,400 of such children receive any services each year.

Table 1. Resource History *(Dollars in thousands)*

Program Budget	Fund	2010-2011	2011-12	2012-13	2013-14	2014-15**
Authorized Expenditures		$26,601	$26,919	$26,418	$27,213	$27,656
State Operations	CLPP	9,296	9,586	9,000	9,377	9,658
	Medi-Cal[1]	1,105	1,105	1,190	1,608	1,770
Local Assistance	CLPP	11,000	11,000	11,000	11,000	11,000
	Medi-Cal[1]	5,200	5,228	5,228	5,228	5,228
Actual Expenditures		$22,351	$23,181	$24,263	$24,482	$24,790
State Operations	CLPP	6,260	7,293	8,120	7,711	7,725
	Medi-Cal[1]	959	919	1,027	1,508	1,713
Local Assistance	CLPP	10,005	9,978	10,097	10,197	10,228
	Medi-Cal[1]	5,127	4,991	5,019	5,066	5,124
Revenues		$20,068	$20,272	$24,533	$20,405	$20,669
Authorized Positions		32.0 S;32.0 C[2]	32.0 S;34.0 C[2]	55.0 S; 24.0 C[3]	49.0 S; 17.0 C[3]	49.0 S; 0.0C
Filled Positions		28.0 S	30.0 S	32.0 S	44.0 S	46.0 S
Vacancies		4.0 S	2.0 S	23.0 S	5.0 S	3.0 S

1) Under this Budget Change Proposal, additional Medi-Cal reimbursement is not required.
2) S= State; C= Contract
3) Includes new State (S) contract conversion positions and Contract (C) positions that were being phased out
** FY 2014-15 and FY 2015-16 Projected Expenditures and FY 2015-16 Projected Revenues

Table 2. Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Blood Lead Tests reported to state CLPPB and processed[1]	797,873	753,457	724,725	695,783	691,426	696,000
Increased Blood Lead Tests receiving special CLPPB processing and verification[2]	4,600	4,300	3,600	3,500	3,500	3,500
New Cases of Lead Poisoning[3] (Contracted Local Program Services in 43 counties and cities; State Responsible for Services in 18 counties)[4]	300	264	265	177	184	181
Children with blood lead > 5 mcg/dL, not cases, receiving some services[5]	4,701	5,735	6,411	4,322	4,232	5,489
Technical assistance encounters by CLPPB staff with local programs and health care providers[6]	N/A	N/A	N/A	N/A	7,200	7,200

1) 2014-15 estimate from half year data; 2015-16 estimate from 2013-14 data; some children tested > once; reporting to CLPPB required by law
2) Calendar year data for 2010, 2011 and 2012 used for 2010-11, 2011-12 and 2012-13; data for 2013-14, 2014-15 and 2015-16 estimated from prior years; estimates based on blood tests ≥ 10 mcg/dL and follow-up testing
3) Calendar year data for 2011, 2012, 2013 and 2014 used for 2011-12, 2012-13, 2013-14 and 2014-15; 2015-16 taken as average of prior two years; based on current criteria of blood lead ≥ 20mcg/dL or persistent values ≥ 15 mcg/dL; Cases followed 2-3 years
4) State is responsible for services in Alpine, Amador, Calaveras, Del Norte, Inyo, Kings, Mariposa, Mendocino, Merced, Mono, Napa, San Benito, Santa Barbara, Sierra, Tehama, Trinity, Yolo, and Yuba and also provides environmental services in 14 of the contracted local programs
5) Half-year data 2014-15 used to estimate full year; 2015-16 taken as average of prior full years; most services noted provided by local programs
6) Estimated from June 2015 tracking period for public health nurses; additional services given by environmental staff not included

Note: blood lead levels rounded up to nearest whole number, values ≥ 4.5 considered as ≥ 5 mcg/dL and ≥ 9.5 as ≥ 10 mcg/dL

C. State Level Considerations

A study from the Centers for Disease Control and Prevention calculated the loss of lifetime earnings based on the change in IQ associated with lead exposure (Grosse S et al. *Economic gains resulting from the reduction in children's exposure to lead in the United States.* Environ Health Perspect 110:563-569 (2002)). When the number of California children addressed by this proposal, who will receive services designed to prevent a further rise in blood lead is considered, preventing even a small increase in blood lead of 2-3 mcg/dL would yield over $45 million to $90 million in economic benefit statewide, for each annual cohort of children receiving intervention. Considerable costs for special educational and social services and for chronic health conditions would also be avoided and are not factored in this analysis. The effects on quality of life caused by lead exposure in the vulnerable populations most impacted are also not part of this analysis.

The program's activities as outlined in this proposal also align with objectives described in the CDPH Strategic Map, which sets forth the Department's mission, vision, and the strategic direction that departmental programs will be following to achieve the overall objective of protecting and improving public health:

- Strategic Priority A: Strengthen CDPH as an Organization
  - Objectives A-3: Optimize the Use of Information Technology
- Strategic Priority F: Achieve Health Equity through Public Health Policies and Programs

D. Justification

CLPPB is proposing to lower the blood lead levels defining a "case" of poisoning from a single blood lead $\geq$ 20 mcg/dL to $\geq$ 15 mcg/dL and changing the persistent values of $\geq$ 15 mcg/dL to $\geq$ 10 mcg/dL. The current, higher blood lead criteria being used to define a child as case of lead poisoning (see Table 3) is based on the blood lead level delineated for these interventions by the Centers for Disease Control and Prevention in the 1990s and early 2000s. In 2004, the Centers for Disease Control and Prevention described the need for case management services for blood lead levels of $\geq$ 10 mcg/dL because lower lead levels are associated with developmental delays, permanent loss of IQ, and behavioral disorders in infants and young children.

Since that time, other states and jurisdictions have begun to require or actively encourage home visits and inspections for children with blood lead levels of 10 mcg/dL or even lower blood lead values. Some examples include Illinois, Wisconsin, Maine, Texas, Kentucky, Boston, and Chicago

CLPPB is proposing to also implement the new Centers for Disease Control and Prevention recommendations for monitoring and providing outreach, education, and basic services to all children identified with blood lead values $\geq$ 5 mcg/dL. The Centers for Disease Control and Prevention in 2012 recommended that a lower reference blood lead level of 5 mcg/dL be used to define the need for services to see that additional lead exposure is prevented and follow up is provided to ensure that blood lead levels decline. This recommendation for providing services at lower levels has also been promoted by the American Academy of Pediatrics since 2013. With this proposal, children with blood lead levels greater than or equal to 5 mcg/dL would not receive full case management services, but would receive follow-up services to reduce lead exposure, including family contact and educational outreach, and collaboration with the health care provider. Please see Table 3.

The CLPP Program, at the state and locally, has already been attempting to provide some services to thousands of children with lead exposure below current "case" definitions. However, current resources do not allow CLPPB to adopt the new Centers for Disease Control and Prevention definitions or provide monitoring at the recommended lower levels. At the current level of resources, CDPH has not been able to reach the majority of the children with these lower blood lead levels. (See Table 2. Workload History). To fully implement the proposed services, CLPPB needs the resources requested in this proposal.

Table 3. Services Currently Provided and Those Proposed

Blood Lead Level, in mcg/dL	Effects of Lead Exposure	Current Services Provided	Proposed Services
Single value ≥ 20 or Persistent values ≥15 to <20, at least a month apart.	Neurotoxin, includes all the effects at lower levels. Can also cause anemia, abdominal pain, kidney disease, cardiovascular disease, and at very high levels can cause seizures, coma, and fatalities.	Meets current definition of state case of lead poisoning. Full services required. This includes public health nursing home visits and environmental inspections, family education on sources of lead exposure, identification of sources exposing child, removal of these sources, correction of environment, coordination with health care provider, health referrals as needed, and follow-up until blood lead level declines.	Will continue to meet definition of state case of lead poisoning. Full services required. Services provided will be the same as for currently defined cases.
Single value ≥ 15, or persistent values of ≥ 10 to < 15, at least a month apart.	Neurotoxin, life-long health affects including: reduced IQ, behavioral disorders, decreased academic achievements. May also affect cardiovascular, immunologic, and endocrine systems.	No services currently required. As available resources in each jurisdiction allow, these children may receive some services, ranging from educational materials for the family, to contact with the health care provider, to home visits and inspections. Some children in this category are receiving contact and have blood lead monitored; limited numbers receive visits and inspections.	Will meet new definition of state case of lead poisoning. Full services, as are currently provided to cases, will be required.
Single value ≥ 5 to < 10.	Neurotoxin, life-long health affects including: reduced IQ, behavioral disorders, and decreased academic achievement.	No services currently required. As available resources allow, these children may receive some services, ranging from educational materials for the family, to contact with the health care provider, to home visits and inspections. Most children in this category are not receiving any services.	Full services will not be required but all children will receive some contact and educational outreach, collaboration with their health care providers, and monitoring to be sure blood lead values decline and do not increase further. As resources allow and trends in the child's lead level dictates, home visits and inspections will be provided.
Value <5.	No known safe level according to Centers for Disease Control and Prevention.	No services currently required. All children receive anticipatory guidance on the adverse effects of lead at well child visits and through statewide outreach and education.	No services required. All children receive anticipatory guidance on the adverse effects of lead at well child visits and through statewide outreach and education. This will be the same as currently.

Note: Blood lead levels are usually discussed as whole numbers. CLPPB rounds up decimal values reported with blood lead test results so that, for purposes of definition and management, values reported ≥ 4.5 mcg/dL are considered as values ≥ 5, those reported ≥ 14.5 are considered as ≥ 15.

Currently, all cases receive nursing and environmental services, whether in a contracted county or city or in a non-contracted county. The State provides the services in the non-contracted areas. Where a contracted jurisdiction lacks environmental professionals, the state does the environmental investigation. Contracted jurisdictions are currently providing most of the services at levels under the case-defined level. These services range from education and outreach to full environmental investigations, depending on jurisdiction resources and blood lead level (more services to relatively higher blood lead levels). The State provides services below case level that are mainly information to health care providers and a small amount of direct information to families.

With this proposal, all children at the lower case levels will receive full nursing and environmental services, whether from the contracted jurisdictions or the State. Those with blood lead levels greater than or equal to 5 mcg/dL will get some services regardless of residence, as described in the table.

The State is also responsible for receiving and processing all the blood lead tests and providing this information to the jurisdictions, as well as follow-up and monitoring on services and decline in blood lead values.

This proposal does not require any legislative change. CLPPB has legal authority for the proposal under current statute, including the ability to determine when the concentration of lead in blood is considered a health risk and the services and assessments that are required to reduce exposure to lead (H&S Code §105275 et seq).

The fiscal year 2015-16 Budget Act has $27.5 million for CLPP program activities. CLPP funding comes from the CLPP Special Fund designated for the Program (H&S Code Section 105310) and derived from a fee imposed on industries that put lead in the environment. Additional funding comes from partial reimbursement for services to Medi-Cal beneficiaries. The CLPP Fund has annual revenues of $21 million but the Fund is projected to have a reserve of $64 million by the end of FY 2015-16. This reserve would cover the requested funding for approximately seven years. However, program activities and the Fund balance will be regularly assessed to determine if modifications in both support and local assistance are necessary to ensure the solvency of the Fund balance. CLPPB anticipates that over time, as the number of California children who have lead exposure declines, the number of children requiring intensive case management services and requiring basic services and follow-up will decline. The CLPP Program is also the Medi-Cal Lead Program and no additional Medi-Cal reimbursement is requested (Children who are Medi-Cal beneficiaries who would receive services at the new, lower blood lead levels are not eligible for reimbursement under Medi-Cal because they do not meet the current definition of a lead poisoning case as defined by the Medi-Cal State Plan. Definitions for such cases have not always aligned between Medi-Cal and CLPPB historically. In such cases, children will still receive services and be covered by CLPPB.

With the large increase in the number of children to receive services and be monitored to assure reduction in blood lead levels, CDPH is requesting $900,000 annually from the Childhood Lead Prevention Special Fund (0080) to support 7.0 positions for 4 years. The positions include: 1.0 Nurse Consultant III (Specialist), 1.0 Nurse Consultant II, and 2.0 Environmental Scientist positions that are needed to carry out direct case management and lead inspections and for statewide technical assistance and oversight of the increased statewide workload. CDPH is also requesting: 1.0 Associate Governmental Program Analyst position to perform blood lead test verification and monitor subsequent blood lead levels; 1.0 Research Scientist I position for data analysis and identification of populations needing services for blood lead values $\geq$ 5 mcg/dL; and 1.0 Associate Governmental Program Analyst position for oversight of expanded local contracts that cover the new workload. For further explanation of the work products associated with these positions, please see: Table 4. Projected Outcome and Workload, with Staff Affected.

CLPPB staff travel and provide direct public health nurse and environmental investigations and management of lead-poisoned children in 18 California local health jurisdictions. They also oversee and supplement services in the other 43 jurisdictions, which contract with CLPPB to provide CLPP

services. In 14 of the contracted counties, environmental staff members are not available and CLPPB staff directly provides the environmental investigations.

CLPPB is also requesting $500,000 annually for 4 years beginning in FY 2016-17 in Information Technology services to modify and update its blood lead reporting, surveillance and case management system through an external contract or augmented reimbursement to CDPH Information Technology Services Division, as available expertise dictates. The web-based, data system receives blood lead test results from laboratories, is viewable by the state and local jurisdictions, and is used to track blood lead tests and manage lead-exposed children. The changes will accommodate: 1) case management alerting functions at the lower case definition; 2) tracking of activities conducted for lower blood lead levels; increased data analysis and reporting; and, 3) improved identification and mapping of areas and populations at risk for lead exposure. It will allow for documentation of the services provided. Archiving of older blood lead values and case information will also be performed to increase data system efficiency. (Please see Attachment D. Data System Upgrades and Modifications.)

The additional workload in the local jurisdictions is projected to involve public health nurses, environmental staff, and their support staff. The $6,800,000 for local assistance is projected for the increased work, using current case management and professional personnel allocations, multiplied to accommodate the threefold number of new cases and the almost threefold number of children with blood lead values $\geq$ 5 mcg/dL who will receive services. Funds will be distributed to local jurisdictions based on the number of at-risk children in their population, cases of lead poisoning, and children with blood lead $\geq$ 5 mcg/dL.

Lead exposure causes permanent harm to children, making it difficult for them to learn, causing behavioral problems and resulting in chronic health conditions. Lead exposure reduces an individual's lifetime earnings and burdens California with costs for special education, social services, and health care.

E. Outcomes and Accountability

All children in California can benefit from the widespread educational messages disseminated by the CLPP Program, which prevents lead exposure in the first place. This proposal will expand individual services to not only high-risk children, but also to those with lower levels of lead exposure. The benefit of individual services is demonstrated by: the decrease in a child's blood lead level; the correction and removal of identified sources of lead exposure from their environment; and prevention of other household members being exposed to lead.

Improvements will be measured by monitoring:

- Number and percent of children with blood lead $\geq$ 5 mcg/dL, but below case level, who receive services;
- Percent of children with blood lead $\geq$ 5 mcg/dL, but below case level, who receive services and have no further rise in their blood lead level;
- Number of other family and household members benefiting from outreach and education and interventions;
- Number and percent of children who are cases at the new definition of single value $\geq$ 15 mcg/dL or persistent values of $\geq$ 10 mcg/dL, who receive full services;
- Percent of children who are cases at the new definition of single value $\geq$ 15 mcg/dL or persistent values of $\geq$ 10 mcg/dL, who receive full services and have no further rise in their blood lead level;
- Number of health care providers receiving information on lower blood lead levels and new CLPP services.

Table 4. Projected Outcomes and Workload, With Staff Affected

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	Staff Affected By Change in Workload
Blood tests reported to state CLPPB and processed [1]	696,000	690,000	700,000	700,000	700,000	700,000	Associate Government Program Analyst (AGPA), performs data entry and retrieves full information from laboratories on children
Blood Lead Tests receiving special CLPPB processing and verification (special tracking for values of ≥5 mcg/dL to begin in 2016-17)[2]	3,500	17,500	25,000	25,000	22,500	15,750	AGPA workload on blood lead levels needing special attention up 7 fold. Increased workload for Research Scientist for monitoring blood lead levels, tracking outcomes and mapping location of high-risk for children with blood lead ≥ 5 mcg/dL
New Cases of Lead Poisoning (new criteria 2016-17)[3]	181	600	600	600	540	540	Threefold increased workload for Public Health Nurses (PHN) and Environmental Professionals who provide these services. AGPA administrative increased workload on scope of work, new contracts and contract Invoicing.
Children who are not cases but who have blood lead levels ≥ 5 mcg/dL who receive some services (as % of children with blood lead levels ≥ 5 mcg/dL who are not cases)[4]	5,489 (44%)	7,500 (60%)	11,900 (95%)	12,500 (100%)	11,250 (90%)	7,900 (70%)	Increased workload for PHNs; Increased workload for Research Scientist who tracks services; Administrative AGPA increased workload on scope of work, new contracts and invoicing
Technical assistance encounters with local programs and health care providers by state staff[5]	7,200	14,400	21,500	22,600	20,300	14,200	Threefold increased workload for CLPPB PHNs and Environmental professionals

1) 2015-16 and thereafter estimated from 2013-14 data; some children will be tested more than once; reporting of lead tests by laboratories required by law.

2) 2015-16 estimated from prior years based on children with blood tests ≥ 10 mcg/dL and follow-up testing; 2016-17 and on based on calendar year 2012 data and children with blood tests ≥5 mcg/dL and follow-up testing; numbers receiving special processing anticipated to decrease as blood lead values decrease over time; steeper decline in 2020-2021 anticipated with change in resources available.
3) 2015-16 given average of 2013 and 2014 calendar years and based on current criteria of single blood lead ≥ 20 mcg/dL of persistent values ≥ 15 mcg/dL; estimates for 2016-17 and on based on proposed criteria of single blood lead ≥ 15 mcg/dL or persistent values ≥ 10 mcg/dL; number of children with these high blood levels are estimated to gradually decrease over time.
4) 2015-16 average of 2012-13 and 2013-14 full year data (full year 2014-15 not available); total children with blood lead ≥ 5 mcg/dL taken as 12,500 through 2018-2019; numbers receiving services anticipated to decrease as blood lead values decrease over time; steeper decrease in 2020-2021 anticipated with change in resources available.
5) 2015-16 based on June 2015 tracking period for public health nurses; additional services given by environmental staff not included; estimates for 2016-17 through 2018-2019 include expected increase in cases and children with blood lead values of ≥ 5 mcg/dL served; technical assistance encounters anticipated to decrease thereafter, as number of children with increased blood lead values decline; steeper decrease in 2020-2021 anticipated with change in resources available.

Note: blood lead levels rounded to nearest whole number, e.g. values ≥ 4.5 considered as ≥ 5 mcg/dL and those ≥ 9.5 as ≥ 10 mcg/dL.

F. Analysis of All Feasible Alternatives

Alternative 1: Increase in expenditure authority by $8.2 million annually ($1.4 million in Support and $6.8 million in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and establish 7.0 positions to extend services to children who have been exposed to lead now defined by a lower blood lead level by the Centers for Disease Control and Prevention.

Pros:

- Intervention for increases in blood lead would occur earlier, reducing additional exposure.
- CLPP services would reflect recommendations of the Centers for Disease Control and Prevention and the American Academy of Pediatrics.
- More children affected by lead exposure would receive services.
- Additional prevention of further rise in blood lead has an economic benefit for state.
- Does not impact the General Fund. All funding is from reserves in the CLPP Special Fund.

Cons:

- Additional budget and position authority is needed.
- Services may continue to be needed after 4 years; expenditure authority would not exist to continue delivering the services. CDPH will need to re-evaluate the ongoing need at that time.

Alternative 2: Increase in expenditure authority by $4,186,000 ($986,000 in State Operations and $3.2 million in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and establish 4.0 positions (1.0 position for Nurse Consultant II, 1.0 position for Environmental Scientist, 1.0 position for Associate Governmental Program Analyst, 1.0 position for Research Scientist I) to extend services to children with blood lead levels ≥ 5 mcg/dL but do not expand the definition of cases of lead poisoning.

Pros:

- Does not impact the General Fund. All funding is from reserves in the CLPP Special Fund.
- Only partial additional funding needed, since some public health nurses and environmental professionals providing additional case management would not be needed and fewer data, analytic, and support staff would be added.

Cons:

- Children with some of the highest blood lead levels in CA and at risk for greatest harm would not receive the full range of services.
- Does not address recommendations from the Centers for Disease Control or American Academy of Pediatrics.

- Services may continue to be needed after 4 years; expenditure authority would not exist to continue delivering the services. CDPH will need to re-evaluate the ongoing need at that time.
- Additional budget and position authority is needed.

Alternative 3: Increase in expenditure authority by $4,497,000 annually ($872,000 in State Operations and $3,625,000 in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and establish 3.0 positions (1.0 position for Nurse Consultant II, 1.0 position for Environmental Scientist, 1.0 position for Research Scientist I) to lower the blood lead levels defining a case of poisoning but do not extend services to children with blood lead values ≥ 5 mcg/dL and below case level.

Pros:

- Does not impact the General Fund. All funding is from reserves in the CLPP Special Fund.
- Only partial additional funding needed, since fewer data and analytic positions would be required monitor blood lead and children with lower exposures and some nursing, environmental and support services would not be added.

Cons:

- Thousands of children with harmful BLLs between 5 mcg/dL and case criteria would not receive services.
- Does not address recommendations from the Centers for Disease Control or American Academy of Pediatrics.
- Services may continue to be needed after 4 years; expenditure authority would not exist to continue delivering the services. CDPH will need to re-evaluate the ongoing need at that time.

Alternative 4: Maintain the status quo. Do not approve the proposal.

Pros:

- Does not impact the CLPP Special Fund.

Cons:

- Exposure would continue, intervention for increases in blood lead would not occur earlier.
- California Childhood Lead Poisoning Prevention services would not reflect recommendations from the American Academy of Pediatrics or the Centers for Disease Control and Prevention being adopted nationwide.
- No economic benefit for the state from reducing lead exposure.
- Number of children receiving services would remain the same.

G. Implementation Plan

Components for this proposal are anticipated to be in place quickly:

Winter/Spring 2015:

- Contract amendments for local CLPP contracted programs expanded scope will be drafted.
- Contract for Information Technology services and upgrades will be drafted, as determined by available expertise.

Summer 2016 (with budget authority and position authorities in place):

- Definition of lead poisoning case to be changed and new definition disseminated.
- New staff hired and CLPPB to begin additional services.

- Amended contracts for local CLPP Programs; Information Technology resources in place.

Supplemental Information

Information Technology services are needed to make modifications and updates to its data system, expand functions, and improve monitoring. This will be carried out through CDPH's Information Technology Services Division.

I. Recommendation

Approve Alternative 1: Increase in expenditure authority by $8.2 million annually ($1.4 million in Support and $6.8 million in Local Assistance) for 4 years from the Childhood Lead Poisoning Prevention Special Fund (Fund 0080) and establish 7.0 positions to extend services to children who have been exposed to lead as now defined by a lower blood lead level by the Centers for Disease Control and Prevention.

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

NURSE CONSULTANT III (Specialist)
1.0 Position

Activity	Number of Items	Average Hours per Item	Total Annual Hours
Provide direct public health nursing (PHN) case management services to children meeting the expanded definition for full case management in 18 non-contracted counties in California including: home visits; repeat home visits as indicated, nursing developmental assessment; nutritional evaluation; care planning; personal property lead testing; family education, ongoing case monitoring, collaboration and communication with provider, referrals, communication with labs, and coordination of care.	9	96	864
Provide statewide technical support, consultation, monitoring, and oversight for the PHN services to children meeting the expanded definition for full case management that will occur throughout the state in the 43 contracted jurisdictions including assistance with home visits or follow-up visits if indicated. It is anticipated there will be three times as many children who will receive full case management services.	1145	0.4	458
Provide PHN management services to children with blood lead levels at or above 5 mcg/dL in 18 non-contracted counties in California including: ongoing monitoring of blood lead levels and blood testing, collaboration and communication with the primary health care provider, provision of educational materials and information to families, tracking and communication with families to ensure follow-up testing, additional services if blood lead levels do not decrease.	75	3.6	270
Provide statewide technical support, consultation, monitoring and oversight of 43 local contracted programs for expanded services to be provided to children with blood lead levels at and above 5 mcg/dL to ensure children are receiving services, being managed appropriately and that their blood lead levels are decreasing.	100	0.4	40
Develop and set standards and protocols to be followed by Childhood Lead Poisoning Prevention Programs for expanded services to be provided to children with blood lead levels at and above 5 mcg/dL who have increased lead exposure but do not meet the new case definition, revise the PHN Manual on protocols and procedures, develop and review materials, provide additional training for PHNs throughout the state.	28	6	168
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 PY			
Actual number of PYs requested			**1.0**

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

NURSE CONSULTANT II
1.0 Position

Activity	Number of Items	Average Hours per Item	Total Annual Hours
Provide direct public health nursing (PHN) case management services to children meeting the expanded definition for full case management in 18 non-contracted counties in California including: home visits; repeat home visits as indicated, nursing developmental assessment; nutritional evaluation; care planning; personal property lead testing; family education, ongoing case monitoring and follow up, collaboration and communication with provider, referrals, communication with labs, and coordination of care.	9	96	864
Provide statewide technical support, consultation, monitoring, and oversight for the PHN services to children meeting the expanded definition for full case management that will occur throughout the state in the 43 contracted jurisdictions including assistance with home visits or follow-up visits if indicated. It is anticipated there will be three times as many children who will receive full case management services.	1065	0.4	426
Provide PHN management services to children with blood lead levels at or above 5 mcg/dL in 18 non-contracted counties in California including: ongoing monitoring of blood lead levels and blood testing, collaboration and communication with the primary health care provider, provision of educational materials and information to families, tracking and communication with families to ensure follow-up testing, additional services if blood lead levels do not decrease.	125	3.6	450
Provide statewide technical support, consultation, monitoring and oversight of 43 local contracted programs for expanded services to be provided to children with blood lead levels at and above 5 mcg/dL to ensure children are receiving services, being managed appropriately, and that their blood lead levels are decreasing.	150	0.4	60
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 PY			
Actual number of PYs requested			**1.0**

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch (CLPPB)

ENVIRONMENTAL SCIENTIST
2.0 Positions

Activity	Number of Items	Average Hours per Item	Total Annual Hours
Coordinates with local agencies to provide direct services consisting of onsite environmental investigations for childhood lead poisoning cases. Provides graded environmental services to children with blood lead levels not meeting state lead poisoning case definition in consultation with local health jurisdictions. Conducts environmental sampling with established methodologies and protocols. Interprets sampling results. Prepares detailed reports, including property owner correspondence. Collaborates with local agencies to ensure property owners are notified and identified lead hazards are remediated.	32	32	1024
Using established procedures and protocols, provides technical assistance and consultation to local childhood lead poisoning prevention programs and to the public regarding identification and control of environmental lead contamination and exposure. Performs initial x-ray florescence (XRF) screening of suspected lead exposure items on behalf of local childhood lead programs.	880	0.75	660
Trains and assists local childhood lead poisoning prevention programs with regard to the identification and remediation of environmental lead hazards for children meeting state case definition and the provision of graded environmental services for children with blood lead levels below state case definition. Serves as a member of the interdisciplinary CLPPB team that performs site reviews of local childhood lead poisoning prevention programs.	55	20	1100
Conducts statewide XRF environmental lead detection local assistance program; that includes distribution and monitoring of approximately 34 XRF portable lead analyzers. Evaluates local program XRF performance by conducting quality assurance reviews of local program environmental assessment documentation. Follows standard methodologies and protocols to provide technical assistance to assure that local programs meet XRF performance standards when these analyzers are used for the provision of EIs and graded environmental services.	408	2	816
Total hours for workload projected for this classification			**3,600**
1,800 hours = 1 PY			
Actual number of PYs requested			**2.0**

Attachment A
Workload Analysis

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

RESEARCH SCIENTIST I (Epidemiology/Biostatistics)
1.0 Position

Activity	Number of Items	Average Hours per Item	Total Annual Hours
a) Epidemiology and Statistical Analysis			
Clean data to eliminate duplicates and ensure that BLL results are attributed to the correct child. Recode variables as needed, construct statistical tables, perform inferential and statistical analyses. Prepare SAS datasets for analysis according to established protocols.	4	120	480
Perform statistical tests and analyses to ensure that dataset has been constructed properly.	4	80	320
Conduct epidemiologic investigations to determine risk factors for having a BLL result in the range of the expanded case definition.	2	120	240
Interpret results and prepare written and oral presentations of findings.	6	40	240
b) Epidemiologic support for case management			
Review cases in Case Management Tracking System on a monthly basis to determine whether cases have been appropriately referred to providers, received a home visit, and been referred for an environmental investigation.	12	20	240
Determine whether sources have been identified and eliminated. Identify "false positives", and eliminate them from case counts.	12	17	204
Notify CLPPB nurses and physicians when gaps in service are identified.	12	3	36
c) ***Serve as liaison to IT for modifications to R2 to support expanded case definition***			
Provide consultation to ITSD staff and contractors on topics such as changing alerts for children meeting expanded case definition and ensuring that alerts are functioning as intended from a programmatic perspective.	10	2	20
In collaboration with IT Staff modfiy reports and datasets to meet needs of expanded case definition.	10	2	20
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 PY			
Actual number of PYs requested			**1.0**

Attachment A
Workload Analysis

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST
1.0 Position

Activity	Number of Items	Average Hours per Item	Total Annual Hours
Process blood lead values to validate results and determine if it is a new blood lead level for a new or a current patient to ensure that accurate data and information are available to clinicians managing patient care.	1700	0.2	340
Create Access queries in WebCollect to conduct complex studies related to intervention blood lead levels. Make telephone calls to laboratory staff to validate blood lead results.	1000	0.5	500
Review and analyze home visit information submitted by local health jurisdictions to validate case information and case status and enter data in the CLPPB data system.	300	1	300
Perform quality control analyses to ensure that laboratories are providing complete reports timely and accurately, using the required format	300	1	300
Enter data and perform checks on accuracy of database of all reporting laboratories to support electronic reporting of laboratory results	130	1	130
Perform outreach and training to laboratories conducting blood lead testing to inform them of reporting requirements and ensure compliance with laboratory requirements	80	1	80
For each new case, send, receive, and obtain information from local jurisdictions to ensure that all children identified with blood lead levels in the expanded case definition receive timely follow-up blood lead testing, case management services, and environmental investigations.	600	0.25	150
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 PY			
Actual number of PYs requested			**1.0**

Attachment A
Workload Analysis

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch (CLPPB)

ASSOCIATE GOVERNMENTAL PROGRAM ANALYST
1.0 Position

Activity	Number of Items	Average Hours per Item	Total Annual Hours
Perform quarterly oversight of local programs as part of quarterly receipt of invoices. Provide oversight of annual contract year supplemental invoices.	80	4	318
Serve as a liaison with the Contract Management Unit (CMU), CDPH Accounting, Local Health Jurisdictions (LHJs), and external funding agencies. Prepare and process Information Technology (IT)-specific contracts and procurements. Develop Invitation for Bid (IFB) plans, budget language, oversee the process with control agencies, and make revisions. Stay nformed of new regulations and policies. Amend local assistance contracts. Work with increasing number of LHJ inquiries concerning contract and other issues.	98	5.5	536
Monitor and coordinate activities, such as project planning and implementation of changes required by Budget Change Proposals. Advise management of deadlines and assist technical staff in administrative planning. Resolve outstanding contract and budget issues between program and other offices, control agencies, contractors, vendors, and other outside entities. Analyze administrative and contractual problems; consult with state offices regarding State policy, procedures, and governing legislation. Prepare purchase and service orders for goods/services including printing outreach materials.	353	1.3	459
After implementation, the AGPA will participate in program review to see that the expanded scope of work is performed and that the contract is being performed and is appropriate with respect to work and expanded fiscal management. The AGPA will act as a fiscal and technical consultant to contractors regarding appropriateness of expenditures, budget revisions.	80	2.1	168
Act as fiscal and technical consultant to contractors regarding appropriateness of expenditures, budget revisions, and contract ambiguity. Track and monitor the financial statements and resolve outstanding issues. Review and process contract invoices for payment. Support the implementation of contracts for the program activities.	159	2	318
Total hours for workload projected for this classification			**1,800**
1,800 hours = 1 PY			
Actual number of PYs requested			**1.0**

BCP Fiscal Detail Sheet

BCP Title: Protecting Children from the Damaging Effects of Lead Exposure

DP Name: 4265-003-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	7.0	7.0	7.0	7.0	0.0
Total Positions	**0.0**	**7.0**	**7.0**	**7.0**	**7.0**	**0.0**
Salaries and Wages						
Earnings - Permanent	0	471	471	471	471	0
Total Salaries and Wages	**$0**	**$471**	**$471**	**$471**	**$471**	**$0**
Total Staff Benefits	0	230	230	230	230	0
Total Personal Services	**$0**	**$701**	**$701**	**$701**	**$701**	**$0**
Operating Expenses and Equipment						
5301 - General Expense	0	38	38	38	38	0
5302 - Printing	0	13	13	13	13	0
5304 - Communications	0	9	9	9	9	0
5320 - Travel: In-State	0	61	61	61	61	0
5322 - Training	0	2	2	2	2	0
5324 - Facilities Operation	0	74	74	74	74	0
5344 - Consolidated Data Centers	0	2	2	2	2	0
5346 - Information Technology	0	500	500	500	500	0
54XX - Special Items of Expense	0	6,800	6,800	6,800	6,800	0
Total Operating Expenses and Equipment	**$0**	**$7,499**	**$7,499**	**$7,499**	**$7,499**	**$0**
Total Budget Request	**$0**	**$8,200**	**$8,200**	**$8,200**	**$8,200**	**$0**

Fund Summary

Fund Source - State Operations						
0080 - Childhood Lead Poisoning Prevention Fund	0	1,400	1,400	1,400	1,400	0
Total State Operations Expenditures	**$0**	**$1,400**	**$1,400**	**$1,400**	**$1,400**	**$0**
Fund Source - Local Assistance						
0080 - Childhood Lead Poisoning Prevention Fund	0	6,800	6,800	6,800	6,800	0
Total Local Assistance Expenditures	**$0**	**$6,800**	**$6,800**	**$6,800**	**$6,800**	**$0**
Total All Funds	**$0**	**$8,200**	**$8,200**	**$8,200**	**$8,200**	**$0**

Program Summary

Program Funding

BCP Title: Protecting Children from the Damaging Effects of Lead Exposure **DP Name: 4265-003-BCP-DP-2016-GB**

Personal Services Details

Positions	Salary Information Min	Mid	Max	CY	BY	BY+1	BY+2	BY+3	BY+4
0762 - Environmental Scientist (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	0.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)				0.0	2.0	2.0	2.0	2.0	0.0
5577 - Research Scientist I (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	0.0
8181 - Nurse Consultant III (Spec) (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	0.0
8195 - Nurse Consultant II (Eff. 07-01-2016)				0.0	1.0	1.0	1.0	1.0	0.0
Total Positions				**0.0**	**7.0**	**7.0**	**7.0**	**7.0**	**0.0**

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
0762 - Environmental Scientist (Eff. 07-01-2016)	0	113	113	113	113	0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2016)	0	125	125	125	125	0
5577 - Research Scientist I (Eff. 07-01-2016)	0	67	67	67	67	0
8181 - Nurse Consultant III (Spec) (Eff. 07-01-2016)	0	87	87	87	87	0
8195 - Nurse Consultant II (Eff. 07-01-2016)	0	79	79	79	79	0
Total Salaries and Wages	**$0**	**$471**	**$471**	**$471**	**$471**	**$0**
Staff Benefits						
5150900 - Staff Benefits - Other	0	230	230	230	230	0
Total Staff Benefits	**$0**	**$230**	**$230**	**$230**	**$230**	**$0**
Total Personal Services	**$0**	**$701**	**$701**	**$701**	**$701**	**$0**

4045010 - Chronic Disease Prevention and Health Promotion	0	8,200	8,200	8,200	8,200	0
Total All Programs	**$0**	**$8,200**	**$8,200**	**$8,200**	**$8,200**	**$0**

Attach B

California Department of Public Health
Center for Chronic Disease Prevention and Health Promotion
Division of Environmental & Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

July 13, 2015

Research Scientist III (E/B) (S)
580-352-5594-001 Joseph Courtney
Administrative Assistant II (S)
580-352-5358-001 Lauren Rice

Branch Chief
Public Health Medical Administrator I (S)
580-352-7674-001
Valerie Charlton, M.D., M.P.H.

LEAD HAZARD REDUCTION SECTION
Environmental Prgm Manager I (S)
580-352-0756-001
William Hale

Lead Related Construction Unit
Health Program Manager I (S)
580-352-8427-001
Martin Carmona

Accreditation
Associate Govtl Program Analyst (S)
580-352-5393-705 – Sam Hill
580-352-5393-703 – Mohamad Noureddine

Certification
Associate Govtl Program Analyst (S)
580-352-5393-715 – Nga Truong

Certification Specialist (C)
Hien Nguyen,
Guillermo Carmona, Roberto Chagollan

Student Assistants (C)
Luis Cruz, Eric Piano, Biplav Dubbula

Environmental Investigation
Senior Enviro. Scientist (Spec) (S)
580-352-0765-002- Virginia Reames
580-352-0765-004 Ying Tao

Environmental Scientist (S)
580-352-0762-001- Renee Meyer
580-352-0762-002- Ashley Gage

Enforcement & Compliance
Associate Industrial Hygienist (S)
580-352-3856-702 - Mercy Varghese
580-352-3856-704 –Lawrence Hughes

Environmental Scientist (S)
580-352-0762-003 - Anupama Adltham
Student Assistants (C)
Percy Rafol II, Rizzelle Guevarra,
Harum Saleemi

PROGRAM EVALUATION AND RESEARCH SECTION
Research Scientist Sup II, Chief (S)
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Nikki Baumrind, Ph.D., M.P.H.

Data Unit
Health Program Manager I (S)
580-352-8427-002
Deborah Tan

Associate Govtl Program Analyst (S)
580-352-5393-909 –Joseph Gong
580-352-5393-711 – Richard Wallace
580-352-5393-714 – Gina Glass
580-352-5393-716 – Melanie Banares

Student Assistants (C)
Charlotte Dacumos, Angelique Dizon
Sara Inphachack, Stephanie Fisher,
Kaeleen Bajet, Aimee Kimfueva

Data Analysis
Research Scientist III (E/B) (S)
580-352-5594-002 (0.75)
Anshu Mohllajee

Research Scientist I (E/B) (S)
580-352-5577-909
Jamuna Manandhar

Research Analyst II (Gen) (S)
580-352-5731-909 (0.5) - Vacant

CARE MANAGEMENT SECTION
Pblc Hlth Med Off III (Chief) (S)
580-352-7705-001
Linda Crebbin, M.D., M.P.H.

Pblc Hlth Medical Officer II (S)
580-352-7722-001- Carrie Jones
580-352-7722-002 – Jean Woo

Nurse Consultant III (Spec) (S)
580-352-8181-001 – Suzanne Miller
580-352-8181-002 – Angeles Santos

Nurse Consultant II (Spec) (S)
580-352-8195-002- Margaret Mossman

Health Program Specialist I (S)
580-352-8338-002 – Peter Budinger

Research Program Specialist II (S)**
580-352-5758-1324 – Vacant

Research Scientist III (C/S) (S)*
580-352-5591-001- Wei Zou

Research Scientist I (C/S) (S)*
580-352-5576-001 – Josephine Alvaran
580-352-5576-002 – Jun Qiang Zhou

PROGRAM DEVELOPMENT & SUPPORT SECTION
Hlth Program Manager II (Chief)(S)
580-352-8428-002
Caryn White

Nurse Consultant II (S)
580-352-8195-001- Beverly Granda

Hlth Education Consultant II (S)
580-352-8331-002 - Jaime Britton
580-352-8331-003 – Hollie Lawyer

Pblc Hlth Nutrition Consultant II (S)
580-352-2162-701- Heather Gilardi

Health Program Specialist I (S)
580-352-8338-909 (0.5) – Vacant

Associate Govtl Program Analyst (S)
580-352-5393-909 - Vacant

Research Scientist I (S)
580-352-5577-001- Adrienne Norman

Program Technician II (S)
580-352-9928-001- Valarie Davis

OPERATION SUPPORT SECTION
Staff Svcs Manager I (Chief) (S)
580-352-4800-001
Richard Votava

Associate Govtl Program Analyst (S)
580-352-5393-702- Linda Riley
580-352-5393-707- Ingrid Galindo
580-352-5393-709 - Alexandra Shevchenko
580-352-5393-710 - Manny Berino

Program Technician II (S)
580-352-9928-002 – Araceli Sanchez (0.5)

HEALTH INFORMATION & ADMINISTRATIVE ANALYSIS SECTION
Hlth Program Manager II (Chief) (S)**
580-352-8428-909 Vacant

Associate Accounting Analyst (S)
580-352-4588-001 Romeo Rafol

Associate Govtl Program Analyst (S)
580-352-5393-708 - Ruth Fabros

Health Program Specialist I (S)
580-352-8338-003 (0.50) - Melissa Murphy

Valerie Charlton, M.D., M.P.H., Chief — Date 7/13/2015
Childhood Lead Poisoning Prevention Branch

Richard Kreutzer, M.D., Chief — Date 7-13-15
Environmental & Occupational Disease Control

Note:
(S) State Employee
(C) Contract Employee
53 State Positions
3 Contract Positions
12 Student Assistant Contract Positions
***Service Function with EHLB**
****RPS II being reclassed to HPM II**

Attachm C

California Department of Public Health
Center for Chronic Disease Prevention and Health Promotion
Division of Environmental & Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

BCP Proposal
FY 16/17

Research Scientist III (E/B) (S)
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580-352-5358-001 Lauren Rice

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580-352-0762-xxx - BCP Vacant
580-352-0762-xxx - BCP Vacant LT

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580-352-5393-xxx – BCP Vacant LT

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580-352-8195-xxx - BCP Vacant LT
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580-352-8338-002 – Peter Budinger

Research Program Specialist II (S)**
580-352-5758-001 – Vacant

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580-352-5393-706 - Vacant

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580-352-5577-001- Adrienne Norman

Program Technician II (S)
580-352-9928-001- Valarie Davis

OPERATION SUPPORT SECTION
Staff Svcs Manager I (Chief) (S)
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580-352-5393-702- Linda Riley
580-352-5393-707- Ingrid Galindo
580-352-5393-709 - Alexandra Shevchenko
580-352-5393-710 - Manny Berino
580-352-5393-xxx – BCP Vacant LT
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580-352-9928-002 – Araceli Sanchez (0.5)

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Health Program Specialist I (S)
580-352-8338-003 (0.50) - Melissa Murphy

Valerie Charlton, M.D., M.P.H., Chief / Date
Childhood Lead Poisoning Prevention Branch

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Environmental & Occupational Disease Control

Note:
(S) State Employee
(C) Contract Employee
53 State Positions
3 Contract Positions
12 Student Assistant Contract Positions
***Service Function with EHLB**
**** RPS II being reclassed to HPM II**
LT Limited Term Positions

Attachment D

Center for Chronic Disease Prevention and Health Promotion
Division of Environmental and Occupational Disease Control
Childhood Lead Poisoning Prevention Branch

Data System Upgrades and Modifications

Data System Description

Central to the work of the Childhood Lead Poisoning Prevention Branch (CLPPB) is the Response and Surveillance System for Childhood Lead Exposures (RASSCLE 2). This is a surveillance and case management data system that was developed and brought on-line a decade ago. RASSCLE 2 is a web-based system which currently electronically receives about 700,000 blood lead test reports each year, submitted by approximately 300 laboratories.

By law, all blood lead tests done on blood drawn in California must be reported to CLPPB. The blood test reports are distributed by RASSCLE into system compartments, which allow real-time viewing of test reports by the local jurisdiction of residence for the individual who was tested.

The data entry staff at CLPPB manually review blood lead tests that are not automatically accepted into the system, because of test formatting issues or incomplete information (such as missing parts of name, address or birth date). Laboratories are called to clarify questions about the test reports. Particular review is made to be sure that all increased blood lead levels are accurately processed into the system. Currently these additional efforts focus on blood lead tests $\geq$10 mcg/dL.

When high blood lead levels, which make a child a case of lead poisoning, enter the system, an alert is triggered and sent to state and county users. This allows services and interventions to begin for the child; in some instances these are emergency interventions for very high lead levels. Current state criteria for a case a lead poisoning is a blood lead value $\geq$ 20 mcg/dL or persistent values of $\geq$ 15 mcg/dL.

As the local Childhood Lead Poisoning Prevention Programs (CLPPPs) and CLPPB conduct case management activities for children who are deemed cases of lead poisoning, information is tracked and the data is entered by CLPPB or by CLPPPs with system "write" access.

Changes Needed If Proposal Implemented

If the changes proposed are implemented, children will be considered cases of lead poisoning at lower blood lead levels than currently. A child will receive full case services when they have a blood lead value $\geq$ 15 mcg/dL or persistent values $\geq$ 10 mcg/dL

Additionally, children with blood lead levels at and above $\geq$ 5 mcg/dL will receive a range of services up to case management (see Table 3 in proposal text).

These changes will require that increased attention be focused on manually reviewing blood lead values $\geq$ 5 mcg/dL, that new alert levels be set in RASSCLE, and that new monitoring functions to track these lower blood lead levels be developed. Additional information will also become available on children with these lower blood lead levels, which is not currently available. This information will need to be accommodated in the data system. As contact is made with families and interventions undertaken, information that has previously been known only for higher blood lead values will be defined, such as condition of housing, family background, health habits, etc. This additional information will also be tracked in the data system, to provide services to decrease blood lead levels.

The new information will also provide context to define and map high risk populations. These changes and this information will allow us to better develop data-driven strategies to eliminate lead poisoning and track our progress towards that goal.

Given the size and age of the RASSCLE system, archiving of older data is also needed. This will increase system efficiency, improving ability of new blood lead tests to be correctly matched with the individual tested.

The IT expertise needed to update the RASSCLE system and make the needed changes will be achieved through reimbursement with the CDPH IT Services Division, or through external contract, as available expertise demands. $0.5 million annually is being requested for these functions.